

COURSE REGISTRATION FORM

ORM USE ONLY

LOCATION CODE: _____

COURSE NUMBER: _____

Course Title: _____

Location (City): _____

Course Date: _____

Course Time: _____

Note: Adequate seating accommodations will be available,
confirmation letters will not be mailed out.

PARTICIPANT INFORMATION

Name (First, Middle Initial, Last): _____

Personnel Number (mandatory): _____

Name of State Department: _____

Office: _____

Division or Facility (If Applicable): _____

Job Title: _____

Complete Work Mailing Address (Certificates will be mailed here): _____

Work Telephone: _____

Fax Number: _____

E-mail Address: _____

APPROVAL SIGNATURES

Applicant: _____

Supervisor: _____

MAIL FORM TO: Office of Risk Management Loss Prevention Unit
P.O. Box 91106
Baton Rouge, LA 70821-9106

FAX FORM TO: (225) 342-3845

INTERNET ADDRESS: <http://www.doa.louisiana.gov/orm/lp.htm>